

What's in aspirin?

Aspirin (or acetylsalicylic acid) works in part by suppressing the production of prostaglandins, hormone-like substances that have wide-ranging roles throughout the body, such as stimulating uterine contractions, regulating body temperature and blood vessel constriction, and helping blood clotting.

http://www.wrongdiagnosis.com/h/heart_attack/treatments.htm

A GRAND ACHIEVEMENT!



A team of surgeons, anesthetists and nurses celebrating two years of successful operation on burn patients at the Dhaka Medical College Hospital on June 10. More than 600 seriously burn, mostly acid burn, receive plastic and re-constructive surgery at this operation theatre (OT). The verandah-turned OT was constructed using fund from donations given by ministry of health, DMCH, Spandan B a California (USA) based organisation formed by Bangladeshis living there, The daily Prothom Alo, and DANIDA and ministry of women and children's affairs. The success is, in fact, a record. No other OT in Bangladesh has performed so many operations in such a short time.

A few tips on infertility

What to look for

If after a period of about one-year of unprotected intercourse, the couple cannot conceive, this is infertility. It can be because of either partner or both.

This can be very distressing for many couples and is often taken as a sign of inadequacy or sterility. But please keep in mind being infertile does not necessarily indicate sterility.

Causes

Infertility in men can be the result of low sperm production, no sperm or sperm which do not swim as they should do as well as a tubes blockage.

In women, infertility can be caused by a failure to ovulate due to a hormone failure. Interruption of an egg's progress through the fallopian tube from ovary to uterus may also be a cause.

Women's age is a factor: as after 35 years of age it is often more difficult to conceive. Being overweight, or underweight, can also play a role.

In both men and women, fertility can be diminished by psychological factors, such as anxiety and depression and by environmental agents.

Treatment

Your doctor will perform many tests on both partners to determine the cause of the infertility.

There is no particular ways to increase the chances of conception.

Couples are often advised to

have intercourse just before ovulation.

Ovulation can be induced with the use of fertility drugs or hormones.

Certain disorders occurring in men can be treated with a doctor's help.

IVF (in vitro fertilisation) is an option for couples who are infertile. The egg is fertilised outside the woman's body, then placed in the womb or fallopian tube.

Alternative/natural treatments

A variety of alternative treatments may enhance fertility.

Relaxation techniques - Stress can often hinder conception and there are different relaxation techniques, which can reduce stress, which sometimes contributes to infertility.

Dietary considerations - Zinc is important for fertility in both sexes; a supplement may help. Vitamin C has been shown to aid men whose sperm clump together, and it may improve sperm count. Ask for professional advice with regards to the appropriate doses.

The diet of both partners should include plenty of fresh vegetables and fruit and a high potency multi-vitamin. Men need more vitamin C. Reduce the amount of caffeine and alcohol as they make the system more acidic.

www.internetpharmacyservices.com

Check out your heart ailments

What is heart attack?

Heart attacks or "acute myocardial infarction" (AMI), are very common and also very deadly. The underlying cause of a heart attack is usually coronary thrombosis, which is a blockage of the blood vessels of the heart. When the heart actually stops in a heart attack, this is called "cardiac arrest". The most common symptom is chest pain or discomfort, but in many cases even the patient is uncertain if they are having a heart attack. If there is any doubt, seek emergency help. However, many cases go undiagnosed even in the emergency department, and this diagnostic error makes AMI the single leading malpractice litigation-related condition. Because the typical profile for AMI in older men (usually over 45), AMI is often underdiagnosed in women or younger adults.

Risk factors for heart attack

About risk factors: Risk factors that do not seem to be a direct cause of the disease, but seem to be associated in some way. Having a risk factor for Heart attack makes the chances of

getting a condition higher but does not always lead to Heart attack. Also, the absence of any risk factors or having a protective factor does not necessarily guard you against getting heart attack.

The list of risk factors mentioned for Heart attack in various sources includes:

- λ Heart disease
- λ Previous heart attack
- λ Angina
- λ Family history of heart disease
- λ High blood cholesterol
- λ Diabetes
- λ High blood pressure
- λ Cigarette smoking
- λ Overweight
- λ Physical inactivity
- λ Poor diet
- λ High-fat diet
- λ High-salt diet

Prevention of heart attack

Prevention list: Methods of prevention of heart attack mentioned in various sources includes those listed below. This prevention information is gathered from various sources, and

may be inaccurate or incomplete. None of these methods guarantee prevention of heart attack.

Know the symptoms of a heart attack - early treatment can prevent a bad one.

- λ Quit smoking
- λ Control weight
- λ Healthy diet
- λ Control blood pressure
- λ Control diabetes
- λ Control stress
- λ Exercise
- λ Physical activity
- λ Low-dose aspirin - low-dose aspirin may be used to avoid heart attacks.
- λ Get tested for diabetes - you might have an undiagnosed case of diabetes.
- λ Get blood pressure checked
- λ Get cholesterol checked

You can make a plan and discuss it in advance with your family, your friends, your coworkers and, of course, your doctor. Then you can rehearse this plan, just like a fire drill. Keep it simple. Know the warning signs. Keep information such as what medications you're

taking in one place.

If you have any symptoms of a heart attack for a few minutes (no more than 5), call doctor immediately.

There are many things you can do to prevent heart disease and stay healthy. You probably already know what they are: not smoking, eating a heart healthy diet, getting plenty of regular exercise, keeping your weight under control, getting regular medical checkups, managing stress in your life, and controlling your blood pressure and cholesterol.

It is also important for women to control other diseases they may have, such as diabetes and high blood pressure. Talk to your health care provider about your risks for heart disease, appropriate screening tests, and ask what steps you can take to improve your heart health. Daily aspirin therapy or other medical treatment may be an option for you to help prevent heart disease and heart attack but only after you have discussed taking aspirin with your doctor.

http://www.wrongdiagnosis.com/h/heart_attack/treatments.htm

Do you often become unconscious, suffer repeated episodes of convulsions?

Check out how to manage epilepsy

Epilepsy is a disease, often involving the young, where the patient has repeated episodes of convulsions. Epilepsy patients are in danger of hurting themselves when they fall down, when they bite their tongue or may either aspirate or even strangle during the episode.

How to identify a seizure or convulsion?

Minor seizure

The patient may become pale, the eyes become fixed and staring and he may become unconscious for a few seconds. He soon resumes his work as though nothing has happened. Here the only precaution to be taken is to observe if the patient is progressing into a major epileptic attack and to treat as for a fainting spell.

Major Seizure

This kind of seizure may follow headache, restlessness or a feeling of dullness. The patient may be aware that he is likely to have a fit soon. The fit itself is divided into four phases:

1. Phase I - Sudden loss of consciousness, which causes the patient to fall to the ground. The patient may cry or scream.
2. Phase II - The body

becomes rigid for a few seconds and the face becomes flushed.

3. Phase III - The fits begin in full force. The patient may injure himself by striking himself hard against nearby objects. There is frothing at the mouth and the tongue may be bitten. The patient may pass urine or motion during this phase.

4. Phase IV - The attack lasts for a few minutes and then the convulsion stops. The patient appears confused. He may lapse into slumber or may act in a strange manner for a few hours without knowing the exact nature of his actions. After a few hours he becomes normal again.

Management of a convulsing patient

1. Try to keep the patient under control. Do not use force to stop the convulsions. Remove any objects in the vicinity that may cause injury to the convulsing patient.
2. Prevent the biting of the tongue by inserting a spoon wrapped in a handkerchief near the back teeth, when the jaws are relaxed.
3. Wipe the froth from the mouth.
4. Watch for recurrence, if any.

Do not leave the patient until you are sure that he is aware of his surroundings. Advise the patient to see a doctor soon.

Managing an unconscious patient

A person could become unconscious due to a number of reasons. There are however a few general principles on how an unconscious patient should be handled.

1. Ensure that there is a free supply of fresh air and that the air passages are free.
2. Move the patient away from any harmful gases. If inside a room, open the door and windows. Remove false teeth. It is most important to keep back the crowds, they only obstruct.
3. Loosen the clothing at the neck, chest and waist.
4. If the weather is cold, wrap blankets around the body.
5. If breathing has stopped or is about to stop turn the patient into the required posture and start artificial respiration.
6. Breathing may be noisy or quiet. If quiet, let the patient lie on his back. Raise the shoulders slightly using a pad and turn the head to one side. Watch for some time. If the breathing

becomes difficult, noisy or obstructed, change the posture to ease breathing. The changing of posture in cases of injury to the head, neck and spine is best avoided unless absolutely necessary and should be done only after knowing the specific techniques involved. If the breathing is noisy turn the patient to the three-quarter prone position and support in this position using pads. If patient is on a stretcher, raise the foot of the stretcher so that the lung secretions can drain easily.

7. Do not give any food or drinks to the patient.

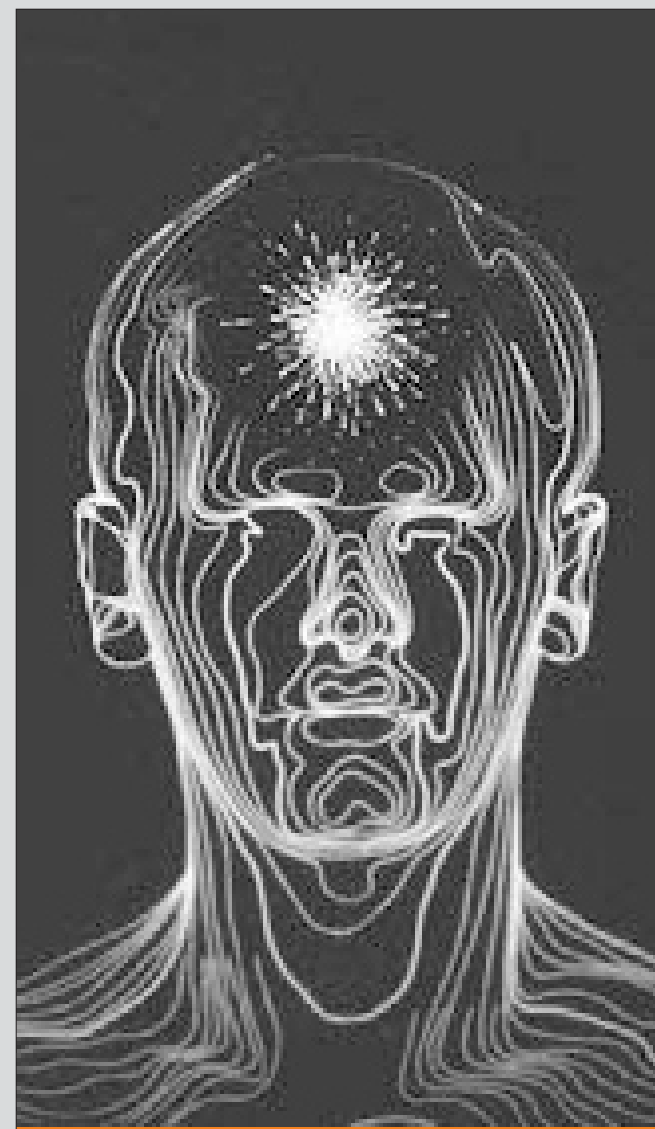
8. If you know the specific reason why the patient is unconscious and know the specific first aid for this condition, apply it.

9. Observe the patient continuously for any changes in the condition and do not leave the scene until the doctor arrives or the patient is shifted to a hospital.

10. It is best to move the patient to a sheltered place on a stretcher and then to a hospital as soon as possible.

Source: Internet

What is migraine



What Is Migraine?

A migraine is a type of headache that usually happens in episodes or "attacks." Attacks may last anywhere from four hours to as long as 72 hours. Long considered "just another type of headache," migraine is now recognised as a distinct neurologic disorder.

The pain of a migraine headache is generally moderate to severe and can disrupt normal activities. It may feel like it is throbbing or pulsating and may be located on one side of the head. The pain may be accompanied by nausea, vomiting, or sensitivity to light or sound.

Migraine is more common in women than men. Many people have pain and other symptoms so severe that they only want to lie down in a dark room and go to sleep. This, obviously, is very disruptive to

their lives. However, migraine can be treated with medication. Today, there are a number of drugs available to either help prevent migraines or treat them after they begin.

What causes migraine?

No one knows exactly why migraines occur. We do know that the tendency to develop migraines can be inherited. Studies have shown that if one parent has migraines, there is a 40 per cent chance that the child will have migraines. If both parents have migraines, there is a 75 per cent chance that their children will have migraines.

Falling estrogen (a female sex hormone) levels that occur just before menstruation can precipitate a migraine headache in many women. Many factors or "triggers" may start a migraine. In peo-

ple who are sensitive to these triggers, avoiding them can go a long way to reducing migraine-related disability.

Common migraine triggers

Foods: Aged cheese, alcohol, nuts, chocolate, yogurt, onions, figs, liver, caffeinated food and beverages, monosodium glutamate (MSG), smoked or pickled fish/meat, nitrate/nitrite-preserved foods (hot dogs, pepperoni, salami)

Medications: Antibiotics (tetracycline, griseofulvin), antihypertensives (nifedipine, captopril), hormones (oral contraceptives, estrogens), histamine-2 blockers (cimetidine, ranitidine), vasodilators (nitroglycerin, isosorbide dinitrate)

Sensory Stimuli:

Flickering/bright/fluorescent lights, bright sunlight, odors (perfume, chemicals, cigarette smoke)

Lifestyle Changes:

Time zones, sleep patterns, eating habits, caffeine withdrawal, stress

Other:

Menstrual cycle, weather/season/barometric pressure changes, high altitude

It is important for you to know which triggers may cause your migraines. One way to do this is to track triggers - such as what you've had to eat or drink - around the time of each migraine.

What are the symptoms of migraine?

Initially, it can be hard to tell whether a headache is a migraine rather than an "ordinary" headache. Characteristics of migraine attacks that can help differentiate them from other types of headaches include:

- Moderate to severe pain
- Nausea
- Sensitivity to light and noise (and sometimes smell)
- Throbbing, pulsating at site of pain
- Pain, mainly one-sided
- Pain made worse with activity
- Vomiting
- Some people experience "aura" 10 to 30 minutes before they have a migraine headache. Aura can include visual changes such as bright flash-

ing lights; flickering, colored zigzag lines; blind spots; or loss of vision off to one side. Aura also can include a tingling sensation or numbness in the arms or legs, or dizziness. The cause of aura is still unknown.

To be sure that your symptoms are related to a migraine headache rather than another physical problem, see your health care professional or doctor. After reviewing your symptoms and performing an examination, he or she may confirm the diagnosis of migraine or order further testing to rule out other causes.

Tips to manage your migraine

An important step in treating your migraines is to consult your health care professional. Many migraine sufferers go undiagnosed, believing they have to put up with migraine pain. But recent advances in research have led to new migraine medications that can be very effective in alleviating migraine pain.

Other things that you can do to help manage or prevent migraine attacks include:

If your health care professional prescribes a migraine medication, be sure to keep some with you at all times, and take it exactly as directed.

Learn about and avoid migraine triggers

Keep a Migraine Diary - it may help you to relate the migraine to one or more triggers

Eat and sleep regularly. Changes in lifestyle can be a major trigger. Do your best to maintain your normal sleeping and eating patterns, especially during stressful times and while traveling

To reduce risk of rebound headache, do not take pain relievers daily and discuss their use with your health care professional

Eat a nutritious diet, and get enough exercise

Don't smoke

Some migraineurs find relief through non-medical treatments (like biofeedback, relaxation techniques, or cognitive-behavioral therapy) and herbal/alternative products. Be sure to discuss these with your health care professional.

Source: Internet